SUMMARY OF THE FRAUD/DATA EVALUATION WORKGROUP

Organizer: CDSS Adult Programs, Quality Assurance Bureau
Location: Health & Human Services Data Center, 9323 Tech Center Drive,
              Conference Room 2, Sacramento, California
Date: May 6, 2005
Time: 10:00 a.m. to 1:00 p.m.

The meeting was attended by consumers, advocacy groups, union representatives, public authority representatives, a district attorney, and state and county staff (see attached). Attendees signed in and received an agenda, an outline of the breakout groups with fraud/data evaluation requirements, and a copy of the PowerPoint slides with discussion points for groups.

Brian Koepp, Chief, Quality Assurance Bureau (QAB), commenced the meeting by welcoming attendees, making introductions, and providing the objectives for the workgroup, which included dividing into three breakout groups for discussion. Brian then recapped the previous meeting and identified the meeting purpose which was to obtain input regarding the fraud/data evaluations requirements in three primary areas—interagency processes and procedures, data evaluation activities, and delivery of services.

Julie Lopes, Manager, QAB, Quality Assurance Monitoring Unit–South, provided a brief description of the requirements under each breakout group and discussion points for each group to consider.

Following break, the group divided into the breakout groups and selected a scriber and facilitator to collect and report the group's input. The groups identified the following issues and/or actions for consideration:

Interagency Processes and Procedures Breakout Group

o   Clearly define fraud, where to report it, and appropriate actions
o   Clarify roles and responsibilities of agencies and coordinate efforts appropriately
o   Explain Dos/Don'ts and expectations to new providers/consumers
o   Provide language requirements during enrollment
o   Forms should be easy to understand (get gerontology input)
o   Ensure uniformity with counties on what to look for
o   Explore avenues to inform providers of eligibility/ineligibility for services without violating confidentiality
o   Distribute informative pamphlets/forms to unions, public authorities, etc.
o   Update overpayment/recovery regulations (third party liability recovery, etc.)
o   Explain the role of the Case Management Information and Payrolling System (CMIPS) in overpayments
o   Explain process for correcting wrong information in the system (input documentation and follow-up to correct wrong information when reports are made)
o   Review other systems and processes to model (Department of Developmental Services/Rehab/etc.)

Data Evaluation Breakout Group

- Identify system issues, potential fraud, and errors:
    - Conduct meetings with Department of Health Services' (DHS') Audits and Investigations, Provider Enrollment, and Medi-Cal Eligibility Data System staff; CDSS' CMIPS' data experts; Health and Human Services Data Center's Statewide Automated Welfare System staff; County Welfare Directors Association staff; and Social Security Administration's regional office data staff to discuss process and issues
- Evaluate if there are any regulation issues that may impact potential errors from data matches
- Evaluate data matches for:
    - Out-of-state issues
    - Adult protective services data matches where appropriate (consumer/provider collusion)
    - Payments made while in skilled nursing facilities and other hospital stays
    - Multiple counties' payments issues
    - Social Security Number matches for inappropriate reporting of claims (death matches, etc.)
    - Issues of providing adequate care due to an excessive amount of hours reported by one provider for a number of consumers
    - Advance pay situations
    - Fraud/Error-prone categories and common social worker errors (prorating, protective supervision, etc.) and identify actions necessary for reduction of potential fraud/errors
    - Medi-Cal provider exclusion lists
    - Able and available spouse (mis-identification of status of relationship)
    - Shared housing situations

Delivery of Services Breakout Group

- Initiate DHS mailings of delivery service forms to confirm services were delivered
- Provide mandatory training to consumers and providers on service expectations
- Identify high risk groups and inform provider of special needs
- Identify/establish protocols to verify hours/tasks and prevent fraud/abuse/neglect
- Conduct periodic visits, including unannounced visits, to monitor services provided
- Establish an IHSS task grid (checklist of services)
- Conduct agency audits (financial and staff) of services
- Increase providers' awareness of their legal responsibility to provide services for time paid
- Conduct a Medi-Cal Fraud/Abuse Hotline Awareness Outreach Campaign via community–based organizations, public authority advocates, radio, news media, buses, posters, billboards, flyers at medical and adult day care centers, mailing notices, and training at regional centers

Brian closed the meeting thanking the breakout groups for their valuable input which will be evaluated and summarized prior to the next meeting on June 17, 2005.

FRAUD/DATA EVALUATION WORKGROUP
ATTENDEES AT 5/6/05 MEETING

Irene Cole, Monterey County	Jarrett Oddo, Sacramento County QI/QA
Wayne Dugurd, DHS, Inv. Branch	Clint Jossey, Contra Costa County
Sumbo Chea, Stanislaus County	Cathy Senderling, CWDA
Curtis J. Earnst, SEIU, H34B	Bernadette Lynch, IHSS PA
Anastasia Dodson, Senate Budget Comm	John McClellan, San Francisco Co. HSA
John Dower, AG Medi-Cal Fraud	Larry Newman, California DOJ, BMCF
Floridalma Valencia, Sacramento County	Vicki Quihuis, Colusa County PA
Lola Young, California Senior Legislature	Pamela Barnes, CDSS
Randy Hicks, CDR	Julia Plascencia, SEIU 4346, Los Angeles
Teri Garrett, DHS Investigations	Norberto Labroy-Brauer, CDSS
Jeannette Johnson, IHSS Sacramento Co.	Susan Schwendimann, Sac. Co. IHSS QA
Bill Powers, CA Alliance - Retired Americans	Aregawi Yosef, San Francisco Co. IHSS
Torea Thao, Sacramento County IHSS QA	Sharon Rehm, Sacramento County IHSS
Alan Orada, SCO	Jake Jacobs, Glenn County HRA
Scott Braithwaite, IHSS – Sacramento Co.	Jim Newton, Sacramento Co. IHSS Fraud
Stan Kuboch, Sacramento County DA	Michael Niklas, DHS
Pamela Ng, Sacramento County IHSS QA	Kathleen Schwartz, Sacramento Co. IHSS
Peter Hadell, Tuolumne County DSS	Melody McInturf, Sacramento Co. IHSS QA
Colleen Reeves, Calaveras Public Authority	Joan Lee, Gray Panthers
Terry Crockett, San Joaquin County	Guy Klopp, Sacramento County QI/QA
Karan Spencer, CDSS	Fay Mikuka, Sacto. Co. IHSS Adv. Comm.
R. Savola, SEIU Local 616	Bob Young, San Francisco DHSA
Betty Merle, Gray Panthers	Carrie Stone, CDSS QA

FRAUD/DATA EVALUATION WORKGROUP BREAKOUTS

1. Interagency Processes and Procedures

- **Develop interagency processes and procedures**
    - Prevent and detect fraud by providers and recipients
    - Refer suspected criminal offenses to appropriate law enforcement
    - Take appropriate actions to suspend/exclude providers when an overpayment has occurred as a result of fraud and recover overpayments

- **How to ensure clear understanding of agency roles/responsibilities**
    - DHS has authority to investigate potential fraud
    - CWDs refer suspected fraud to DHS
    - CDSS, DHS, and county QA staff coordinated efforts to address fraud

- **How to monitor delivery of supportive services as part of QA monitoring**
    - Detect and prevent potential fraud by providers, consumers, and others
    - Maximize overpayment recovery

2. Data Evaluation

- **Error rate studies**
    - CDSS designs and conducts error rate studies in consultation with DHS
    - Findings of error rate studies will be used to prioritize and direct state/county fraud efforts

- **Automated data matches**
    - CDSS and DHS conduct automated data matches to compare Medi-Cal paid claims and third-party liability data with supportive services' paid service hours
    - Relevant findings will be given to counties for appropriate action
    - CDSS, consulting with DHS and CWDs, determines, defines, and issues instructions to counties describing roles/responsibilities regarding data match follow-up/resolution

3. Delivery of Services

- **Methods to verify receipt of services**
    - CDSS develops methods for verifying the receipt of supportive services by consumers with input from stakeholders
    - CDSS, consulting with CWDs, determines, defines, and issues instructions for roles/responsibilities for evaluating and responding to identified problems and discrepancies

- **Informing about avenues to report Medi-Cal Fraud/Abuse**
    - CDSS informs public about Medi-Cal fraud/abuse hotline for reporting suspected fraud and/or abuse
    - CDSS website links

WELCOME
TO THE
QUALITY ASSURANCE
INITIATIVE
FRAUD/DATA EVALUATION
WORKGROUP

May 6, 2005

RECAP

- Last meeting:
  - Provided an overview of SB 1104 requirements related to fraud detection/prevention and data evaluation
  - Discussed issues that might interface with other workgroups and/or that need to be addressed through other avenues (legislation, administrative appeal process, etc.)

TODAY'S MEETING OBJECTIVES

- TO OBTAIN GROUP INPUT IN THREE PRIMARY AREAS:
  1. Interagency processes and procedures that address potential fraud
  2. Data Evaluation Activities
  3. Delivery of Services

DISCUSSION POINTS

INTERAGENCY PROCESS/PROCEDURES

- Discuss actions/processes/procedures regarding each of the following:
  - Preventing and detecting fraud by providers and/or consumers
  - Referring suspected criminal offenses to appropriate law enforcement
  - Taking appropriate actions to suspend/exclude providers and recover overpayments determined by fraud

INTERAGENCY PROCESSES/PROCEDURES (CONT.)

- Discuss how to ensure clear understanding of agency roles/responsibilities regarding:
    - DHS authority to investigate potential fraud
    - CWD referrals of suspected fraud to DHS
    - CDSS, DHS, and CWD QA staff coordination to address fraud issues

INTERAGENCY PROCESS/PROCEDURES (CONT.)

- Discuss how to monitor delivery of services as part of QA monitoring process to detect and prevent potential fraud by providers, consumers, and others; and maximize overpayment recovery

DATA EVALUATION

■ Discuss

– Any general ideas/issues for consideration regarding error rate studies and automated data matches with CDSS and DHS

– The follow-up process regarding findings

DELIVERY OF SERVICES

- **Discuss any viable methods to verify receipt of services**

- **Discuss methods to inform the general public about the Medi-Cal fraud and abuse hotline**

NEXT STEPS

- **Evaluating input**
- **Interagency discussions**
- **Identifying specific areas for workgroup activities**